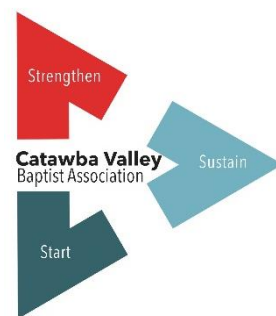


MEMBERSHIP APPLICATION FORM



Name of Church _____

Address _____

City _____ State _____ Zip _____

Date Organized _____ Date Constituted _____

Pastor

Name _____ Phone _____ Email _____

Deacon/Elder Chairperson

Name _____ Phone _____ Email _____

As leaders, we have read and agree with the Constitution and Bylaws of the Catawba Valley Baptist Association and the [Baptist Faith and Message](#).

Signed _____
Pastor Deacon/Elder Chairperson

Church Vision/Mission Statement (Use additional sheet if necessary)

Brief History of the Church (Use additional sheet if necessary)

Reasons for becoming a member of the Catawba Valley Baptist Association

Statistics:

Membership _____ Avg. Weekly Worship Attendance _____ Avg. Small Group Attendance _____

Annual Missions Giving _____ Average Monthly Offering _____

Mission Projects for the past year _____
